For EPA Regional Use Only						⊕EPA																							
						United States Environmental Protection Agency Washington, DC 20460																							
						Hazardous Waste Permit																							
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	te F onth	Receiv	/ed ay	Ye	ar	Application Part A																							
											(R	ead ti	he Ins			_	starti	ng)											
I.	Inst	tallatio	on's	EPA	ID N	umb	er <i>(I</i>	Mark	'X' iı	n the	арр	ropr	iate	box)															
		A. F	irst F	Part /	A Su	bmission B. Part A Amendment #															-								
C. Installation's EPA ID Number										D. Secondary ID Number (If applicable)																			
II.	Nar	ne of	Facil	ity																									
III.	Fac	cility l	_oca	tion ((Phy	sical	ado	Iress	not	P.O.	Вох	or I	Route	e Nu	mbe	r)													
A.	Str	eet																											
St	reet	(Con	tinue	ed)																									
Ci	ty o	r Tow	n															Sta	ite	Zip	Coc	le							
																									_				
Co	unty (If kno	Code	С	ount	y Na	me														_									
В.	Lar	nd Typ	oe (C. Ge	eogra	aphic Location D. Fa											. Fac	cility Existence D				ate							
(E	nter	code)	1,	LATI	TUDE	DE (Degrees, minutes, & seconds)						LONGITUDE (L			Degre	Degrees, minutes			conds	:)		Мо	nth	Day			Yea	r	
IV.	Fa	acility	Maili	ing A	ddre	ess																							
St	reet	or P.	O. Bo	ox I		Ι		_	ı		T			Ι		ı							1						
City or Town									T	Π				1		Sta	State Zip Code												
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٧.	Fa	cility (Cont	act (Pers	on to	be	cont	tacte	d re	gard	ing v	vaste	act	ivitie	s at	facil	ity)											
Na	me	(Last)												(Fi	rst)													
Jo	b T	itle				,									Ph	one	Num	ber (Area	a Co	de ar	nd N	umb	er)					
																		_				_							
_		acility			Addr	ess	(See	inst	ruct	ions)																		
Loc	0-	ntact	Add	ress	В.	Stre	et o	P.0	. Bo	X																			
	atio	n Mailin	ig O	illei					_																				
	atio	n Mailir	lg O	iner																									
Ci	atio	n Mailir																Sta	ite	Zip	Coc	le							

EPA	I.D. N	Numbe	ımber (Enter from page 1)														Secondary ID Number (Enter from page 1)													
VII. O	pera	tor Inf	orma	tion	(See	ins	truct	ions)																						
Name	e of C	Operat	or																											
Street or P.O. Box															•	•		•								•	•			
																				T										
City or Town																	ite	Z	IP C	ode										
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l													В.	Ope		r	C.	Chai				tor						ged		
Phon	e Nu	ımber	(Area	Cod	le an	d Ni	ımbe 	r)						Ty	ре			es [icat No	or	7		M	onth	T	Day	T Y	ear	
VIII. Facility Owner (See instructions)															'	CS		NO												
							115)		<u> </u>																					
A. Na	me d	of Faci	lity's	Lega	al Ow	vner						ı					Т			T	<u> </u>	<u> </u>							1	
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Stree	t or	P.O. B	ох		ı	ı				-							1			Т		_					1		1	
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City	or To	wn	1		ı	ı			ı								Sta	ite	Z	IP C	ode						1	1		
																	L								_					
Phon	Phone Number (<i>Area Code and Number</i>)												B. (Owne	r Ty	pe	C. Change of Owner Indicator							Date Changed Month Day Year						
	- I I I I I I I I I I I I I I I I I I I																		Inc	dica	tor			M					'ear	
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IX. SI		_	4-digi	t, in o	Prin	r of s	signi		ce)								(De.		on)	No Seco				M					/ear	
	C Co	oodes (4	4-digi	t, in a	Prin	nary	signi y	fican		ns)							(De.	scriptio	on)	No Seco	onda			M					ear	
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